

**Attachment 2**

**CARL MOYER PROGRAM  
FISCAL YEAR 2012/2013 (YEAR 15) APPLICATION  
Application must be postmarked by January 30, 2013**

**1. APPLICANT DISTRICT**

District Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**2. CARL MOYER PROGRAM FUNDING REQUEST**

Check one box and enter amount, if applicable. District requests:

- ☐ Minimum allocation of \$200,000.
- ☐ Minimum allocation and authorizes the funds be designated to the Rural District Assistance Program.
- ☐ Tentative allocation ("Total Allocation" amount from Attachment 1) or greater amount if desiring additional funds if available:

\$ \_\_\_\_\_

- ☐ District declines the funds for Year 15.

**3. DISTRICT MATCHING FUNDS**

**A. Total district matching funds (a + b + c) \$** \_\_\_\_\_

**(a) Already committed to projects:** \$ \_\_\_\_\_

Attach a CARL Year 15 Query Tool Report (obtained after entering projects with Year 15 match funding information into the Carl Moyer Program Clean Air Reporting Log). Select your District name, Select **MY 15** as funding Year Start and End, Select **All** as Funding Source. Select **All** as Source Category.

**(b) District funds for future match:**

(1) Motor Vehicle Registration Fee Funds: \$ \_\_\_\_\_

(2) Other Funds for future match projects (specify funding type and amount):

\_\_\_\_\_ \$ \_\_\_\_\_  
Description of Fund

\_\_\_\_\_ \$ \_\_\_\_\_  
Description of Fund

(3) Total district funds for future match: \$ \_\_\_\_\_

**(c) In-kind administration ( $\leq$  15 % total): \$** \_\_\_\_\_

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**4. POLICY AND PROCEDURES MANUAL**

Check box.

- ☐ Up-to-date version of the Policies and Procedures manual, based on current Carl Moyer Program Guidelines is maintained at the district's office.

**5. BOARD RESOLUTION**

Check one box and complete the date if applicable.

- ☐ This application has been duly approved and authorized by the district governing board, as specified in the attached resolution.
- ☐ This application is scheduled to go before the district board on \_\_\_\_\_  
Date

**6. DISTRICT APCO/EO APPROVED SIGNATURE**

To the best of my knowledge and belief, the information in this application is true and correct.

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Signature of Air Pollution Control Officer

Printed/Typed Name

Date

*Please e-mail signed application to [sbritton@arb.ca.gov](mailto:sbritton@arb.ca.gov).*